NATIONAL TEAM EXCELLENCE (NTEx) ON INNOVATIVE AND CREATIVE CIRCLE (ICC) CONVENTION

VENUE: Putrajaya International Convention Centre

KPJ PAHANG SPECIALIST HOSPITAL
(A member of KPJ Healthcare Berhad)

KPJ PAHANG SPECIALIST HOSPITAL
Jalan Tanjung Lumpur,
26060, Kuantan Pahang
Tel: 09-5112692
Fax: 09-5112600
INTRODUCTION OF PROBLEM

Project selection and purpose
1. Describe what, why & how the project was selected
2. Explain how the project supports/aligns with the organization’s goals, performance measures, and/or strategies.
3. Identify the potential stakeholders (who may be impacted by the project) and explain how they may be impacted by the project
### PROBLEM IDENTIFICATION

#### LIST OF PROBLEM

<table>
<thead>
<tr>
<th>No.</th>
<th>Problem</th>
<th>Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>PREVENT INFECTION DUE TO RETAIN FOREIGN BODY</td>
<td>SITI</td>
</tr>
<tr>
<td>2</td>
<td>LATE RETRIVAL PATIENT RECORD</td>
<td>AFIEDA</td>
</tr>
<tr>
<td>3</td>
<td>INCREASE PAYMENT FOR STAFF OVERTIME AND PATIENTS</td>
<td>VICKY</td>
</tr>
<tr>
<td>4</td>
<td>LAPAROSCOPIC SURGERY TAKES A LONG TIME</td>
<td>SUHANA</td>
</tr>
<tr>
<td>5</td>
<td>DISLODGE LAHEY SWAB FROM LAPAROSCOPIC HANDLE</td>
<td>HIDAYAH</td>
</tr>
<tr>
<td>6</td>
<td>INCORECT SWAB COUNT</td>
<td>FAZLIANA</td>
</tr>
<tr>
<td>7</td>
<td>HIGH NUMBER OF IMAGE X-RAY CUT OFF</td>
<td>SUHANA</td>
</tr>
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</table>
# PROBLEMS SCREENING PROCESS

**SQDCME**

measurable method used to rank the problems

<table>
<thead>
<tr>
<th>SQDCME</th>
<th>Rating (1 – 5)</th>
<th>Description</th>
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<tbody>
<tr>
<td>Safety</td>
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<td>Problem can lead to incident can happened</td>
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<tr>
<td>Quality</td>
<td>3</td>
<td>Problem related to the quality policy</td>
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<tr>
<td>Delivery</td>
<td>5</td>
<td>Problem can be disturbance to the Service</td>
</tr>
<tr>
<td>Cost</td>
<td>5</td>
<td>Problem can lead high Cost to company</td>
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<tr>
<td>Morale</td>
<td>3</td>
<td>Effect to the company reputation</td>
</tr>
<tr>
<td>Environment</td>
<td>3</td>
<td>Effect the problem to environment</td>
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</table>

Note: SQDCME measurement method widely use in Ford Company
Problem Screening

- Problem ranking base on cause and effect \textbf{MATRIX L SHAPE} analysis

<table>
<thead>
<tr>
<th>Causes of Importance</th>
<th>Safety</th>
<th>Quality</th>
<th>Delivery</th>
<th>Cost</th>
<th>Morale</th>
<th>Environment</th>
<th>Total</th>
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<td>3</td>
<td>3</td>
<td>3</td>
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<td>1</td>
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<td>1</td>
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<td>3</td>
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<td>7. HIGH NUMBER OF IMAGE X-RAY CUT OFF</td>
<td>1</td>
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<td>3</td>
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<td>2</td>
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<td>14</td>
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Top Three problems are selected base on total point ranking:

- \#1st: 1. INFECTION DUE TO RETAIN FOREIGN BODY
- \#2nd: 2. LATE RETRIVAL PATIENT RECORD
- \#3rd: 3. INCREASE PAYMENT FOR STAFF OVERTIME AND PATIENTS
**Problem 1**: INFECTION DUE TO RETAIN FOREIGN BODY

- **Problem definition**: Retain foreign body
- **Frequency**: 0 Case in KPJ PAHANG
- **Data source**: Surgical Site Infection Bundle
- **Problem implication**: Patient safety and cost for treatment

<table>
<thead>
<tr>
<th>NO</th>
<th>MONTH</th>
<th>CASES</th>
<th>COMULATIVE CASES</th>
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<tr>
<td>1</td>
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<td>5</td>
<td>MEI</td>
<td>13</td>
<td>64</td>
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<td>6</td>
<td>JUN</td>
<td>12</td>
<td>76</td>
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<tr>
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<td>9</td>
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<td>114</td>
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<tr>
<td>10</td>
<td>OKTOBER</td>
<td>12</td>
<td>126</td>
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**NUMBER OF CASES 2015 AROUND THE WORLD**

**AVERAGE 12 CASES MONTHLY**
**PROBLEM INVESTIGATION**

**Problem 2**

**LAPAROSCOPIC SURGERY TAKES A LONG TIME**

**Problem definition**

Delays and pending cases because of missing/dislodge of Lahey swab

**Frequency**

Average 19 laparoscopic cases per month in KSH

**Data source**

Nursing care Plan

**Problem implication**

A long period of operation and for patient safety

---

**NUMBER OF CASES 2015**

<table>
<thead>
<tr>
<th>NO</th>
<th>Month</th>
<th>Cases</th>
<th>COMULATIVE CASES</th>
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<td>10</td>
<td>OCTOBER</td>
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**Table 1: Characteristics of 54 Cases of a Retained Foreign Body after Surgery.**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>No. of Cases (%)</th>
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<tbody>
<tr>
<td>Type of foreign body retained</td>
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<tr>
<td>Sponge</td>
<td>37 (69)</td>
</tr>
<tr>
<td>Clamps</td>
<td>4 (8)</td>
</tr>
<tr>
<td>Other (e.g., retractor or electrode)</td>
<td>13 (24)</td>
</tr>
<tr>
<td>Cavity in which foreign body was left</td>
<td></td>
</tr>
<tr>
<td>Oesophagus or perilvix</td>
<td>29 (54)</td>
</tr>
<tr>
<td>Thorax</td>
<td>19 (37)</td>
</tr>
<tr>
<td>Other</td>
<td>4 (7)</td>
</tr>
<tr>
<td>Outcomes</td>
<td></td>
</tr>
<tr>
<td>Fresh</td>
<td>1 (2)</td>
</tr>
<tr>
<td>Return to hospital or prolonged hospital stay</td>
<td>32 (59)</td>
</tr>
<tr>
<td>Septic infection</td>
<td>25 (47)</td>
</tr>
<tr>
<td>Fistula or small-bowel obstruction</td>
<td>8 (15)</td>
</tr>
<tr>
<td>Visceral perforation</td>
<td>4 (7)</td>
</tr>
</tbody>
</table>
PROBLEM SELECTION

Problem 3

DISLODGE LAHEY SWAB FROM LAPAROSCOPIC HANDLE

Problem definition

Delays and pending cases because of missing / dislodge of lahey swab

Frequency

Average 13 laparoscopic cases per month

Data source

Incident record book

Problem implication

A long period of operation and for patient safety

NUMBER OF CASES 2015 AMONG SELECTED HOSPITAL

<table>
<thead>
<tr>
<th>No</th>
<th>Month</th>
<th>Cases</th>
<th>Cumulative cases</th>
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<td>JANUARI</td>
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<td>14</td>
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<td>2</td>
<td>FEBRUARI</td>
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<tr>
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<td>7</td>
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<td>OGOS</td>
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<td>9</td>
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<td>118</td>
</tr>
<tr>
<td>10</td>
<td>OKTOBER</td>
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<td>130</td>
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</table>

Number of cases Dislodge swab from laparoscopic handle 2015

AVERAGE 13 CASES MOTHLY

newspaper clippings related to the negligence of hospital staff
## Problem Investigation

### Pareto Diagram

<table>
<thead>
<tr>
<th>Rank</th>
<th>Problem</th>
<th>Frequency</th>
<th>cumulative</th>
<th>Percentage, %</th>
<th>Accumulation percentage, %</th>
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</thead>
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<td>19</td>
<td>19</td>
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<td>44</td>
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<td>2</td>
<td>DISLODGE LAHEY SWAB FROM LAPAROSCOPIC HANDLE</td>
<td>13</td>
<td>32</td>
<td>29</td>
<td>73</td>
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<td>3</td>
<td>INFECTION DUE TO RETAIN FOREIGN BODY</td>
<td>12</td>
<td>44</td>
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LAPAROSCOPIC SURGERY TAKES LONGER TIME
LETTER OF APPLICATION FOR THE ICC PROJECT

S 1.1

KPJ PAHANG SPECIALIST HOSPITAL
(A member of KPJ Healthcare Berhad)

LETTER OF APPLICATION FOR THE ICC PROJECT
<table>
<thead>
<tr>
<th>TERM</th>
<th>MEANING</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAPAROSCOPIC</td>
<td>SURGICAL PROCEDURE WHICH IS VIEWING TUBE (LAPAROSCOPE) IS INSERTED. THE VIEWING TUBE HAS A SMALL CAMERA ON THE EYEPIECE. THIS ALLOWS THE DOCTOR TO EXAMINE THE ABDOMINAL AND PELVIC ORGANS ON A VIDEO MONITOR CONNECTED TO THE TUBE.</td>
</tr>
<tr>
<td>LAHEY SWAB</td>
<td>SMALL SWABS WITH X-RAY DETECTABLE THREAD</td>
</tr>
<tr>
<td>GRASPING FORCEP</td>
<td>ANY FORCEPS FOR GRASPING TISSUE AND EXERTING TRACTION, HAVING FINGER RINGS AND A LOCKING MECHANISM.</td>
</tr>
<tr>
<td>PDF</td>
<td>PORTABLE DOCUMENT FORMAT</td>
</tr>
<tr>
<td>SOP</td>
<td>STANDARD OPERATION PROCEDURE</td>
</tr>
<tr>
<td>PT</td>
<td>PATIENT</td>
</tr>
<tr>
<td>OPERATING ROOM</td>
<td>A ROOM IN A HEALTH CARE FACILITY IN WHICH SURGICAL PROCEDURES REQUIRING ANESTHESIA ARE PERFORMED.</td>
</tr>
<tr>
<td>IP</td>
<td>IN PATIENT</td>
</tr>
<tr>
<td>TERM</td>
<td>MEANING</td>
</tr>
<tr>
<td>-----------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>CAVITY</td>
<td>HALLOW SPACE IN HUMAN BODY</td>
</tr>
<tr>
<td>OR</td>
<td>OPERATING ROOM</td>
</tr>
<tr>
<td>WI</td>
<td>WORK INSTRUCTION</td>
</tr>
<tr>
<td>CSSS</td>
<td>CENTRAL STERILE SUPPLY SERVICES</td>
</tr>
<tr>
<td>SSI</td>
<td>SURGICAL SITE INFECTION</td>
</tr>
<tr>
<td>STERILE FIELD</td>
<td>STERILE FIELD IS A MICROORGANISM-FREE AREA, INCLUDING FREE OF SPORES.</td>
</tr>
</tbody>
</table>
Laparoscopic surgery called as minimally invasive surgery
- the performance of surgical procedures with the assistance of a video camera and several thin instruments.
- small incisions of up to half an inch are made and plastic tubes called ports are placed through these incisions.
- The camera and the instruments are then introduced through the ports which allow access to the inside of the patient.
LAPAROSCOPIC SURGERY TAKES A LONGER TIME

WHAT IS “TAKES A LONGER TIMES”

Depending on the patient's condition and the equipment used
The problem occurs because of unsystematic procedure of work and no special tools have been used.

WHAT | WHY | WHO | WHEN | WHERE | HOW
DURING PROCEDURE
S 1.1

WHAT  WHY  WHO  WHEN  WHERE  HOW

IN THE OPERATING ROOM

Surgical Sponge
HELPING SURGEON AS 2nd ASSISTANT

ROLE OF 2nd ASSISTANT

- Selecting and passing instruments to the surgeon.
- Must know which instruments are used for specific procedures and when they are needed.
- Alert hand signals to know when the surgeon is ready for the next tool.
- Monitor surgery remains sterile.
1. RECEIVE PATIENT FROM WARD

2. PREPARING PATIENT FOR SURGERY

3. STARTING THE PROCEDURE

4. Using tonsil swab before implementing Lahey swab with laparoscopy handle

5. Process 4 is difficult part because surgery cavity very narrow and limited.

Process 5, using tonsil swab too big for small cavity.
**DATA ANALYSIS**

**S 1.1**

**LAPAROSCOPIC SURGERY TIME BEFORE IMPLEMENTATION (JUNE – DEC 2015)**

<table>
<thead>
<tr>
<th>NO</th>
<th>ID</th>
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<th>END</th>
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<td>1145AM</td>
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</table>

**TOTAL TIME DIFFERANCE**: 945 MINUTE

**LINE GRAPH TIME DEFERENCE FOR LAPAROSCOPIC SURGERY**

**AVG TIME**: 157.5 MINUTE
GOAL SETTING

To reduce time taken for laparoscopic surgery

From 157.5 minute to 90 minute (43% ) for each laparoscopy surgery case

Jun 2016

Target 43%
Before
157.5 minute

Target
90 minute
1. TREND ANALYSIS SHOWED DECREASES IN THE GRAPH OF CASES PENDING DATA FROM JAN-JUNE 2015
GOVERNING POLICY
NO: Su/CS/002 - 00

1. Reduce time taken if it is performed by 1 surgeon
2. Improved efficiency and time for treatment
3. Prolonged anesthesia and surgery may jeopardize patient’s clinical outcome
Innovation has been linked with long term success and organizational adaptability.

- Innovation can give better access, faster, save time and cost and more convenience.
- For patients, payers, and politicians are demanding it and history shows that organizations that fail to deliver it will suffer.
**MINUTES MEETING**

**KUANTAN SPECIALIST HOSPITAL SDN BHD (77065-T) Minutes of Operation Theatre & CSS Services Meeting 18 January 2016 (Monday) 4.00PM OT CSSS**

Present:
- Madam Sh Azura Saiyed Abdul Karim
- SRN Mohd Afizul Afnan Sulong
- SRN Masiyati Ramli
- SRN Fazrul Nizam
- SRN Mazatul Afida
- SRN Shuhadah Abdul Raham
- SRN Uma Davi
- SRN Christina Daniel
- SRN Suhana Mohd Zain
- SRN Viknes Pernai
- SRN Haslinda Hasan
- SEN Masinor Mat Isa
- STTT Noryati Ghani
- TTT Tuan Zakaria Tuan Putih
- TTT Norazizia Ayoob
- TTT Zaharah Zulkaflee
- CA Roslinada Mat Rameli
- CA Rosmawati Bt Abu Bakar
- CA Nurhaslina Che Hamid
- SRN Natasha Mat Nasir
- Mohd Khuzaimi Mohd Nordin

Absent:
- SSRN Shahida Shahlan
- TTT Farah Syahbera Sheddadan
- SCT Bakri Abdul Rahim
- SRN Tan Ei Cze

In Attendance:
- SRN Natasha Mat Nasir

**AGENDA/MATTER DISCUSSED**

<table>
<thead>
<tr>
<th>NO</th>
<th>AGENDA/MATTER DISCUSSED</th>
<th>ACTION TAKEN BY</th>
<th>REMARKS</th>
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<td>CHAIRMAN REMARKS</td>
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<td></td>
</tr>
<tr>
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<td>Welcome note by UM SASAK to all staff. Thanks for coming to services meeting.</td>
<td>For information</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CONCLUDED LAST MINUTES</td>
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<tr>
<td></td>
<td>Minutes of previous meeting was confirmed and taken as read.</td>
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**CHAIRMAN REMARKS**

Welcome note by UM SASAK to all staff. Thanks for coming to services meeting.

---

**KUANTAN SPECIALIST HOSPITAL SDN BHD (77065-T) Minutes of Operation Theatre & CSS Services Meeting 23 January 2016 (Saturday) 9.00am. OT Recovery Area**

Present:
- Madam Sh Azura Saiyed Abdul Karim
- SSRN Shahida Shahlan
- SRN Mohd Afizul Afnan Sulong
- SRN Normazatul Afida Ahmad Zabik
- SRN Tan Ei Cze
- SRN Shuhadah Abdul Raham
- SRN Uma Davi
- SRN Natasha Mat Nasir
- SEN Masinor Mat Isa
- TTT Tuan Zakaria Tuan Putih
- TTT Norazizia Ayoob
- TTT Zaharah Zulkaflee
- SEN Masinor Mat Isa
- CA Roslinada Mat Rameli
- CA Rosmawati Bt Abu Bakar
- CA Nurhaslina Che Hamid

Absent:
- SSRN Shahida Shahlan
- TTT Farah Syahbera Sheddadan
- SCT Bakri Abdul Rahim
- SRN Masiyati Ramli
- SRN Fazrul Nizam

In Attendance:
- SRN Christina Daniel

**AGENDA/MATTER DISCUSSED**

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<td></td>
<td></td>
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<tr>
<td></td>
<td>Welcome note by UM SASAK to all staff. Thanks for coming to services meeting.</td>
<td>For information</td>
<td></td>
</tr>
</tbody>
</table>

---

**CHAIRMAN REMARKS**

Welcome note by UM SASAK to all staff. Thanks for coming to services meeting.
WHY CHosen the project:

To the organization

The charter based on the mission and vision and core values

To customers

To deliver quality healthcare services

VISION
The Preferred Healthcare Provider

MISSION
Deliver Quality Healthcare Services

CORE VALUES
- Ensuring SAFETY
- Delivering service with COURTESY
- Performing duties with INTEGRITY
- Exercising PROFESSIONALISM at all times
- Striving for CONTINUOUS IMPROVEMENT

KPJ MISSION

To deliver quality healthcare services

KPJ CORE VALUES
WHY CHOSEN THE PROJECT:

TO THE ORGANIZATION

THE CHARTER BASED ON VISION TO CUSTOMERS

K PJ VISION

VISION

The Preferred Healthcare Provider

MISSION

Deliver Quality Healthcare Services

Jeopardizes company reputation if any incidents happened
WHY CHOOSEN THE PROJECT:

TO THE ORGANIZATION

FOREWORD

The Ministry of Health Malaysia has always placed great importance and emphasis on the quality of the services that it provides in line with the noble aspirations of our government to serve the people of Malaysia. “People First, Performance Now” continues to be the shining beacon that guides our effort to become a world class health care system. One of the key component of an excellent service is the development of competent professionals who will be able to provide high quality health care.

The assistant medical officer (AMO), popularly known as “medical assistant”, continue to contribute a great deal to the provision of better quality health care. Previously, the training of medical assistant was conducted only by the MOH until 2006, when private colleges were allowed to train Medical Assistant. The Standards and Guidelines for Approval of Medical Assistant Education Programmes was issued by the Ministry of Education to ensure the quality of education provided by the private colleges.

... people first, Performance Now
Gauze Triggered by Fatal Cancer

Finally, after a CT scan in March 2014, doctors realised he had an enormous mass in his abdomen. The plan was to remove it but in the following weeks Frank developed severe rectal bleeding — the growth was pressing on his rectum and bowel — and his health deteriorated rapidly.

Tests revealed he had advanced angiosarcoma, a fast-growing and aggressive cancer in the inner lining of the blood vessels. Within four months, Frank, a grandfather of six, had died.

His widow Christine’s grief turned to anger when a few months later, an inquest ruled that Frank’s cancer had probably been caused by the swab left inside him during surgery for prostate cancer three years earlier.

Evidence: Articles/ Mail/ Reports

S1.2

6 TO THE CLIENT/ CUSTOMER

Gauze Triggered by Fatal Cancer

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Evidence: Articles/ Mail/ Reports
 WHY CHOSEN THE PROJECT :

TO THE CLIENT/ CUSTOMER

Statistic for retained foreign from 2005 - 2012

Statistic for retained foreign body based on surgery type

Statistic for retained foreign body based on involved body part

Statistic for retained foreign body impact

Source: www.ijam-web.org

Table 1. Characteristics of 54 Cases of a Retained Foreign Body after Surgery.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>No. of Cases (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of foreign body retained</td>
<td></td>
</tr>
<tr>
<td>Sponge</td>
<td>37 (69)</td>
</tr>
<tr>
<td>&gt;1 Sponge</td>
<td>4 (7)</td>
</tr>
<tr>
<td>Clamp</td>
<td>4 (7)</td>
</tr>
<tr>
<td>Other (e.g., retractor or electrode)</td>
<td>13 (24)</td>
</tr>
<tr>
<td>Cavity in which foreign body was left</td>
<td></td>
</tr>
<tr>
<td>Abdomen or pelvis</td>
<td>29 (54)</td>
</tr>
<tr>
<td>Vagina</td>
<td>12 (22)</td>
</tr>
<tr>
<td>Thorax</td>
<td>4 (7)</td>
</tr>
<tr>
<td>Other</td>
<td>9 (17)</td>
</tr>
<tr>
<td>Outcomes</td>
<td></td>
</tr>
<tr>
<td>Death</td>
<td>1 (2)</td>
</tr>
<tr>
<td>Readmission to hospital or prolonged hospital stay</td>
<td>32 (59)</td>
</tr>
<tr>
<td>Sepsis or infection</td>
<td>23 (43)</td>
</tr>
<tr>
<td>Reoperation</td>
<td>37 (69)</td>
</tr>
<tr>
<td>Fistula or small-bowel obstruction</td>
<td>8 (15)</td>
</tr>
<tr>
<td>Visceral perforation</td>
<td>4 (7)</td>
</tr>
</tbody>
</table>
By using Lahey swab with string for patient safety and quality initiatives to improve the patient care experience.

Hospital aims to be the safest hospital in the country and the highest quality hospital.

To prepare the next generation by provides best practice by using the new innovation.
TO THE CLIENT/ CUSTOMER

PATIENT SAFETY

WHY CHOSEN THE PROJECT:

S 1.2

Retain foreign body

- Infection
- Septicemia
- High cost for treatment
- Death

PATIENT SAFETY

gauze
Why Chosen the Project:

1. Align to the Stakeholders

Ensuring the Growth and Strength of KPJ over the years through creative and innovative strategies has enabled the organisation to move forward.
WHY CHosen THE PROJECT:

2

THIS PROJECT ALIGN TO THE GOVERNMENT POLICY IN ETP AGENDA

HEALTHCARE

The primary role of any healthcare delivery system is the same: To deliver the highest quality of care to the greatest number of people in a sustainable manner. Though these principles are shared by all, specific differences exist from one region to the next. In all cases, healthcare involves the participation of multiple stakeholders ranging from Government authorities and agencies to non-governmental organisations and private healthcare providers.

In Malaysia, the sector is, in addition to being the key deliverers of healthcare, also one of the leading drivers of economic growth. Changing demographics, a more affluent society and more health-conscious lifestyles have led to the creation of a robust domestic industry. There are clear signs that indicate that the advancement and development of the healthcare industry in Malaysia is necessary and compulsory with a vast potential for greater development, setting in motion, the Healthcare NKEA.

Private sector healthcare is a significant driver of economic growth in this sector, and has quickly become a crucial segment in Malaysia’s overall economy. The NKEA thus places special emphasis on encouraging greater private sector participation in healthcare to further drive growth.

The healthcare sector is targeted to generate RM35.5 billion in GNI and create 181,000 jobs by 2020. To achieve these numbers, the NKEA introduced six EPPs and two BOs at the start of the ETP.
CREATIVE AND INNOVATIVE FINAL SOLUTIONS

Problem Solution / Improvement Action

4. Explain how final solution was determined

5. Describe the expected benefits by implementing the solution(s) / improvement action(s)

6. Describe the unique of the solution
ANALYSIS OF THE PROBLEM

ISHIKAWA DIAGRAM 1

EQUIPMENT

- TONSIL SWAB Missing
- TONSIL SWAB TOO BIG
- USING TONSIL SWAB FOR LAPROSCOPY

NOT FOLLOWING SOP

- unsystematic work
- Limited View In Laparoscopic Procedure
- DIFFICULTY IN MANIPULATION

METHOD

- Limited space

HUMAN

- NOT FOLLOWING SOP
- Busy
- Multiple task

LACK OF SKILLS

- Communication error
- less work experience

NEW STAFF

- LACK OF SKILLS
- New staff

ENVIRONMENT

- Too many person inside OT room
- No proper equipment arrangement
- Too many equipment for laparoscopic procedure

LIMITED SPACE IN OPERATING ROOM

- DELAY SCHEDULE CASE
- Staff Need To Stay back
- Increase case after office hour

LAPAROSCOPIC SURGERY TAKES A LONG TIME

- Increase case after office hour

LAPROSCOPY

- TONSIL SWAB Missing
- MISCOUNT DURING COUNTING

- Communication error
- Too many person inside OT room

- CACULATION ERROR
- Limited space

- Limited View In Laparoscopic Procedure
- Limited space

- Practice old method

- No budget to buy new Equipment

- Insufficient STAFF

- Stress

- Too many equipment for laparoscopic procedure

- No proper equipment arrangement

- Too many person inside OT room

- Communication error

- Limited space
## ANALYSIS OF THE PROBLEM

**S 2.4**

### Human factor

<table>
<thead>
<tr>
<th>CAUSE</th>
<th>SOURCE</th>
<th>OBSERVATION</th>
<th>WHO</th>
<th>RESULT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Insufficient staff</td>
<td>Staff duty roster</td>
<td>Work overload</td>
<td></td>
<td>✔️</td>
</tr>
<tr>
<td></td>
<td>Organization chart – staff flow</td>
<td>Limited staff in each operation room</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Survey form

80% agreed
Overlapping work due to less of Staff
### Analysis of the Problem

**Cause**

- New Staff

<table>
<thead>
<tr>
<th>Source</th>
<th>Observation</th>
<th>Who</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training record</td>
<td>Recruitment is done every year and all staff have been sent to the competency training</td>
<td>[Image of person]</td>
<td>X</td>
</tr>
<tr>
<td>Competency record</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**ANALYSIS OF THE PROBLEM**

**Human factor**

<table>
<thead>
<tr>
<th>CAUSE</th>
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<th>WHO</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Increase case after office hour</td>
<td>Surgery record book</td>
<td>Based on the surgery record book they are no relationship within patient in charge to the hospital after office hour</td>
<td></td>
</tr>
</tbody>
</table>
## ANALYSIS OF THE PROBLEM

### S 2.4

<table>
<thead>
<tr>
<th>CAUSE</th>
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<th>OBSERVATION</th>
<th>WHO</th>
<th>RESULT</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Miscount during counting</td>
<td>• Swab count sheet (NCP)</td>
<td>• Based on work progress of scrub nurse and circulating nurse</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Interruption during counting</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Method factor

**SWAB COUNT SHEET**

**SURGICAL SAFETY CHECKLIST**

- **Before Induction of Anesthesia**
  - OR Boarding Checklist
    - Patient ID
    - Site Marking by Surgeon
    - Consent
    - Current H&P (within 30 days / within 24 hr prior to scheduled procedure)
    - Allergy board on
    - Latex allergy
    - ABO blood group verified
    - UNOS ID (if applicable)
    - Equipment/instrument issues or any concerns
  - Anesthesiologist & Circulator Verify (confirmed by the Anesthesiologist)
    - Anesthesia Safety Check completed
    - Pulse Oximeter on Patient and Functioning
    - Difficult Airway/Aspiration risk?
    - Risk of >500mL Blood Loss (BMI/kg in children)

- **Before Skin Incision/Procedure**
  - Operative Team Member Introduction by Name & Role
  - Sterilized Out Loud for all Team Members to Verify
  - Circulator/Scrubs Verify:
    - Discharge to
    - Notification to
    - Post-op airway teams
    - Level of consciousness
    - Allergy band on
    - ID band on
    - Implant sheet complete
    - Video/photo to...

- **Before Patient Leaves Room**
  - Operator confirms
    - Meticulous accounting
    - N/A

**NEW**

- Name of procedure and wound class recorded
- Counts are correct (or NA)
- Read back specimen labeling & Path form filled out per protocol
- Equipment/instrument problems to address
- Key concerns for recovery and management of patient
ANALYSIS OF THE PROBLEM

S 2.4

Method factor

<table>
<thead>
<tr>
<th>CAUSE</th>
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<th>OBSERVATION</th>
<th>WHO</th>
<th>RESULT</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Difficulty in manipulation</td>
<td>• Laparoscopic procedure</td>
<td>• From doctor survey 80% agreed difficult to manipulate the instrument for laparoscopy surgery that only view through monitor/video</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>• Chart Survey</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Difficulty in manipulation

- Laparoscopic procedure
- Chart Survey

From doctor survey 80% agreed difficult to manipulate the instrument for laparoscopy surgery that only view through monitor/video

80% AGREED

SURVEY CHART
Analysis of the Problem

S 2.4

Method factor

<table>
<thead>
<tr>
<th>CAUSE</th>
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<th>WHO</th>
<th>RESULT</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Not following SOP</td>
<td>• CP &amp; WI</td>
<td>• Inadequate training to produce skilled personnel</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Observation</td>
<td>• Staff do not work according SOP</td>
<td></td>
<td>☑</td>
</tr>
</tbody>
</table>
# Analysis of the Problem

## Equipment Factor

<table>
<thead>
<tr>
<th>Cause</th>
<th>Source</th>
<th>Observation</th>
<th>Who</th>
<th>Result</th>
</tr>
</thead>
</table>
| 7. Tonsil swab too big | - Observation Set of surgical equipment in operating theaters  
- Tonsil swab specification  
- Survey | Tonsil swab measure 10cm x 4 cm  
70% of survey result agreed – Tonsil swab too big and not suitable for laparoscopic procedure |          | ✔      |

### Survey Chart

- **Size of Tonsil Swab too Big**
  - 10cm x 4cm
  - 80% Agreed
### Analysis of the Problem

**S 2.4**

#### Cause

8. No budget to buy new equipment

- **Purchasing record**
  - CSSS (Central Sterile Supply Services)

<table>
<thead>
<tr>
<th>CAUSE</th>
<th>SOURCE</th>
<th>OBSERVATION</th>
<th>WHO</th>
<th>RESULT</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. No budget to buy new equipment</td>
<td>Purchasing record</td>
<td>The cause is outside the control cause</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| | - CSSS (Central Sterile Supply Services) | 1. Purchase all New equipment decide by Management  
2. The equipment still can be in use and Management policy to avoid waste by purchase new items | | |
**ANALYSIS OF THE PROBLEM**

**S 2.4**

<table>
<thead>
<tr>
<th>CAUSE</th>
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<th>OBSERVATION</th>
<th>WHO</th>
<th>RESULT</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Tonsil Swab Dislodge Inside cavity during surgery</td>
<td>Survey from surgeon</td>
<td>From the survey, the result shown 78.3 % surgeon agreed that the tonsil swab will dislodge inside cavity during laparoscopic surgery.</td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>
### Environment factor

<table>
<thead>
<tr>
<th>CAUSE</th>
<th>SOURCE</th>
<th>OBSERVATION</th>
<th>WHO</th>
<th>RESULT</th>
</tr>
</thead>
</table>
| 10. Limited space in operating room – structure of building operating room is small | • Observation  
• Audit report | KSH have been certified 5S and Lean management certification by Malaysia Productivity Corporation (MPC) |  | ![Image of person] |

**SMALL OPERATING ROOM**
ANALYSIS OF THE PROBLEM

ISHIKAWA DIAGRAM 2

S 2.4

EQUIPMENT

TONSIL SWAB Missing

TONSIL SWAB TOO BIG

Not Suitable For Laparoscopic Case

UNSYSTEMATIC WORK

Limited View In Laparoscopic Procedure

DIFFICULTY IN MANIPULATION

LIMITED SPACE IN OPERATING ROOM

NEW STAFF

INSUFFICIENT STAFF

LACK OF SKILLS

HUMAN

METHOD

EQUIPMENT

ENVIRONMENT

LIMITED SPACE IN OPERATING ROOM

No budget to buy new Equipment

Too many equipment for laparoscopic procedure

INCREASE CASE AFTER OFFICE HOUR

Too many person inside OT room

LAPAROSCOPIC SURGERY TAKES A LONG TIME

MISCOUNT DURING COUNTING

Communication error

LESST WORK EXPERIENCE

NEW STAFF

Using Tonsil Swab For Laparoscopy

Communication error

Tonsil Swab Too Big

Not Suitable For Laparoscopic Case

Limited View In Laparoscopic Procedure

DIFFICULTY IN MANIPULATION

Limited space

METHOD

INSUFFICIENT STAFF

LACK OF SKILLS

HUMAN

METHOD

EQUIPMENT

ENVIRONMENT

LIMITED SPACE IN OPERATING ROOM

No budget to buy new Equipment

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LAPAROSCOPIC SURGERY TAKES A LONG TIME

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Communication error

LESST WORK EXPERIENCE

NEW STAFF

Using Tonsil Swab For Laparoscopy

Communication error

Tonsil Swab Too Big

Not Suitable For Laparoscopic Case

Limited View In Laparoscopic Procedure

DIFFICULTY IN MANIPULATION

Limited space
## HUMAN FACTOR

### CAUSES
- Insufficient staff
- 2. Recruit Contract staff

### SOLUTION
1. Recruit new staff
2. Recruit Contract staff

### PRO
1. Work force increase
1. Work force increase

### CONTRA
1. High cost to hired new staff
2. Involved Management decision to recruit new staff
1. High cost
2. Need more training to produce skill workers

### WHO

### RESULT
### Verification of the Proposed Settlement

#### Method Factor

<table>
<thead>
<tr>
<th>Causes</th>
<th>Solution</th>
<th>Pro</th>
<th>Contra</th>
<th>Who</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miscalcount during counting</td>
<td>1. Reinforce counting system</td>
<td>1. Improve counting system</td>
<td>1. Repeating job 2. Multitasking</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Verifying the proposed settlement, KPJ Healthcare**

**S 2.4**
**VERIFICATION OF THE PROPOSED SETTLEMENT**

### S 2.4

#### METHOD FACTOR

<table>
<thead>
<tr>
<th>CAUSES</th>
<th>SOLUTION</th>
<th>PRO</th>
<th>KONTRA</th>
<th>WHO</th>
<th>RESULT</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOT FOLLOWING SOP</td>
<td>1. Analysis SOP and simplify work process</td>
<td>1. Work Flow more systematic</td>
<td>1. Have to Set up committee members</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Not required more staff</td>
<td>2. Take long time to produce new work flow</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. dissemination activities or task by senior nurse</td>
<td>1. Systematic work</td>
<td>1. Limitation of senior nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Quality control of work process more efficient</td>
<td>2. Work overload</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11/9/2016
## EQUIPMENT FACTOR

<table>
<thead>
<tr>
<th>CAUSES</th>
<th>SOLUTION</th>
<th>PRO</th>
<th>CONTRA</th>
<th>WHO</th>
<th>RESULT</th>
</tr>
</thead>
<tbody>
<tr>
<td>TONSIL SWAB TOO BIG</td>
<td>1. Produce new equipment to replace tonsil swab</td>
<td>1. Easily absorb fluid</td>
<td>1. Costly</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Easily maneuver</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Suitable size for laparoscopic procedure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Instruction to supplier to supply adjustable tonsil swab</td>
<td>1. Facilitate the scrub personal task during surgery</td>
<td>1. costly</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## EQUIPMENT FACTOR

<table>
<thead>
<tr>
<th>CAUSES</th>
<th>SOLUTION</th>
<th>PRO</th>
<th>KONTRA</th>
<th>WHO</th>
<th>RESURT</th>
</tr>
</thead>
<tbody>
<tr>
<td>TONSIL SWAB DISLODGE IN CAVITY DURING SURGERY</td>
<td>1. Produce new equipment to replace tonsil swab</td>
<td>1. Long string can be tied with laparoscopic handle</td>
<td>1. Costly</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Swab be can pulled if dislodge from laparoscopic handle</td>
<td>2. Take time to tie the string</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**1.** Long string can be tied with laparoscopic handle

**2.** Swab be can pulled if dislodge from laparoscopic handle

**1.** Costly

**2.** Take time to tie the string
LETTER OF APPROVAL

KUANTAN SPECIALIST HOSPITAL SDN BHD
(A Member of KPJ Healthcare Berhad)

FROM: Sahara Steel Foundry Sdn Bhd (Team leader group AEC)  
TO:  DED, Dr. Muhammad Sadiq Hussein  
CC: Mst Norah Atan, Staff Radiologist  
DATE:  21 Feb 2015  
SUBJECT:  Apply for Approval

Title: CCD: Laparoscopic Surgery

Referring to your email, we, the AEC Team, apply for approval for our CCD project titled "Laparoscopic Surgery." For your kind information, the projected department and facility are given in the surgical procedures to ensure the patient's safety and foreign body in patient entity.

Kindly apply for your approval. Thank you.

Yours sincerely,

MAHMAAD BAKRI HUSSIN
(Chief Executive Officer)
<table>
<thead>
<tr>
<th>WHAT</th>
<th>WHO</th>
<th>WHEN</th>
<th>WHERE</th>
<th>WHY</th>
<th>HOW</th>
</tr>
</thead>
</table>
| SIMPLIFY WORK PROCESSES | GROUP MEMBER | Sep – Oct 2015 | OPERATING ROOM | FACILITIES TO THE STAFF | i) reviewing existing work processes
| | | | | | i) forming new way of work process
| | | | | | ii) Briefing to staff |
i) reviewing existing work processes
ii) forming new way of work process

- Improved care (measured against clinical indicators)
- Improved administration and planning
- Improved coordination of patient/client care
- Improvement in systems and procedures
- Improved communication between staff
- Improved coordination of services
- Minimized complaints by clients, increased
- Risk minimizations
- Client satisfaction
iii) Briefing new work process to staff

MEMO FOR MEETING AND BRIEFING

KUANTAN SPECIALIST HOSPITAL S2.4 SDN BHD
(A Member of KPI Healthcare Berhad)

MEMO

FROM: Syahreza Binti Mohd. Zain (Team leader group AOE)
TO: All Operation Theatre staff
DATE: 16.12.2015
SUBJECT: 1) Introducing new work process for Laparoscopic Surgery
2) Update SOP and latest work progress

Please be informed that CNS. is introducing new work process for Laparoscopic Surgery and update SOP and latest work progress will be held as follow:

DATE: 16.12.2015
TIME: 1 - 2 p.m.
VENUE: Recovery Area

Your attendance is much appreciated.
Thank you.

(SYAHREZA BINTI MOHD. ZAIN)
### CAUSES: MISCOUNT DURING COUNTING

<table>
<thead>
<tr>
<th>WHAT</th>
<th>WHO</th>
<th>WHEN</th>
<th>WHERE</th>
<th>WHY</th>
<th>HOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>SWAB COUNT BOARD</td>
<td>GROUP MEMBER</td>
<td>Jan. – Till present</td>
<td>OPERATING ROOM</td>
<td>FOR VISIBLE COUNT</td>
<td>i. Designed Information board</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ii. Write every instrument, gauze, sharps on the board</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>iii. As evidence for counting and as a baseline before, during and after the procedure</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>iv. Briefing to staff</td>
</tr>
</tbody>
</table>
i) Designed Information board
ii) Write every instrument, gauze, sharps on the board
iii) As evidence for counting and as a baseline before, during and after the procedure
iv) Briefing to staff

SWAB COUNT BOARD
<table>
<thead>
<tr>
<th>WHAT</th>
<th>WHO</th>
<th>WHEN</th>
<th>WHERE</th>
<th>WHY</th>
<th>HOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRODUCE NEW TOOLS TO REPLACE</td>
<td>GROUP MEMBER</td>
<td>JAN – FEB 2016</td>
<td>OPERATING ROOM</td>
<td>New TOOLS to prevent retain foreign body</td>
<td>i) Brainstorming to get new product invention ii) Specification of product invention iii) Identify material and cost incurred iv) Development of new product</td>
</tr>
</tbody>
</table>
i) Brainstorming to get idea for new product invention

Brainstorming Process among group members
ii) Specification of product Innovation

Size: 1cm
Material: cotton
iii) Identify material and cost incurred

<table>
<thead>
<tr>
<th>ITEMS PURCHASE COSTS PER UNIT</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>EQUIPMENT</td>
<td>PRICE</td>
</tr>
<tr>
<td>1 LAHEY SWAB (10 pcs)</td>
<td>RM 1.00</td>
</tr>
<tr>
<td>2 SILK TIE</td>
<td>RM 9.00</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>RM 10.00</strong></td>
</tr>
</tbody>
</table>

NET PRICE PER ITEM RM 10.00

<table>
<thead>
<tr>
<th>ITEMS SELL COSTS PER UNIT</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>EQUIPMENT</td>
<td></td>
</tr>
<tr>
<td>1 LAHEY SWAB (10 pcs)</td>
<td>RM 16.00</td>
</tr>
<tr>
<td>2 SILK TIE</td>
<td>RM 24.00</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>RM 40.00</strong></td>
</tr>
</tbody>
</table>

SELL PRICE – NETT PRICE = PROFIT
RM 40.00 – RM 10.00 = RM 30.00 PER PATIENT
ACCELERATED WORK PROCESS

PROCESS INNOVATION PROJECTS can simplify the process of working with time savings with inventive new methods
Cost saving
Patient safety
INNOVATION PROCESS

S 2.4

LAHEY SWAB

ARTERY FORCEP

SILK TIE

LAPAROSCOPY TIP WITH TOOTH

LAPAROSCOPY GRASPING FORCEP WITH RACHET
INNOVATION PROCESS

S 2.4

1. [Image of medical equipment and supplies]
2. [Image of medical equipment and supplies]
3. [Image of medical equipment and supplies]
4. [Image of medical equipment and supplies]
5. [Image of medical equipment and supplies]
6. [Image of medical equipment and supplies]
7. [Image of medical equipment and supplies, with an arrow labeled "SILK TIE"]

THE INVENTION
Lahey swab with handle can gently push the peritoneum, to get more view for cystic duct, common bile duct and hepatic artery – prevent from injured.

PROCESS INNOVATION PROJECTS can simplify the process of working with time savings with inventive new methods.

Small size of Lahey swab
We gained cost–benefit estimations for the innovations. Successful innovations is seen as the result of a process of mutual adaptation among surgeons, nurses, procedures, and internal groups. The innovations in health care, reduced harm and risk in surgical procedures.
Built up good KPJ PAHANG image to the public
3. Eliminate waste and cost effective

Revenue estimation – average RM 50,000 per year

4. New work process eliminates non value added activities and minimal employment issue
5. Importance Of The Project For Patient
- Short Surgical Process

The Ministry of Health Malaysia has always placed great importance and emphasis on the quality of the services that it provides in line with the noble aspirations of our government to serve the people of Malaysia. “People First, Performance Now” continues to be the shining beacon that guides our effort to become a world class health care system. One of the key components of an excellent service is the development of competent professionals who will be able to provide high quality health care.

The assistant medical officer (AMO) popularly known as “medical assistant” continue to contribute a great deal to the provision of higher quality health care. Previously, the training of medical assistant was conducted solely by the MOH until 2006, when private colleges were allowed to train Medical Assistants guided by Standards and Guidelines for Approval of Medical Assistant Training Programmes.
"Patient Safety" is now recognized as a priority by healthcare systems due to unacceptably high numbers of medical injuries around the world.
A study has shown that improving hygienic practice can lead to significant decreases in environmental contamination of high-risk objects cleaned increased from 48% to 85%.
KPJ Healthcare Berhad (“KPJ” or “the Group”) continued on its growth trajectory in 2015, recording a 7.9% year-on-year growth in revenue to RM2.85 billion and a net profit of RM145.1 million.

KPJ was also able to once again deliver value to its shareholders. For the year in review, the Group paid out four interim dividends to a total of 7.85 sen per RM0.50 ordinary share. This amounted to a total shareholder payout of RM81.41 million, a 63% increase compared to the RM49.84 million paid out in 2014.
• Improve patient satisfaction with real-time rounding and feedback
• Ensuring that patient care is safely delivered and that no harm occurs to patients.
• To improve the quality of health and social care.
EXPECTED BENEFITS TO BE OBTAINED

TO TEAM MEMBERS

• To improve teamwork and communication attitudes, knowledge, and skills among staff members.

• Encourage and strengthen effective teamwork and communication within your practice and with your patients.

• Apply their knowledge, skills, and experience to care for the various and changing needs of patients.

• To improve health care systems to enable nurses to not be at the “sharp end” so that they can provide the right care and ensure that patients will benefit from safe, quality care will be discussed in this chapter.

• Effective teamwork and communication are associated with better patient outcomes, higher patient satisfaction, and lower malpractice claims.
Lahey swab can be used in all hospitals in any laparoscopic procedure.

Lahey swabs with string tie and tie together with laparoscopic handle had commercial value.

Friendly to use, easy to handle by doctor or nurse.

Low maintenance due to don't have complex auxiliary equipment.

Long life time.

Lahey swab can be used in all hospitals in any laparoscopic procedure.

SAFETY: AS AN indicator to prevent missing LAHEY.
<table>
<thead>
<tr>
<th>Benchmark Location</th>
<th>Finding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tonsil gauze</td>
<td><img src="image" alt="Tonsil gauze" /></td>
</tr>
<tr>
<td>Small gauze</td>
<td><img src="image" alt="Small gauze" /></td>
</tr>
<tr>
<td>Small gauze</td>
<td><img src="image" alt="Small gauze" /></td>
</tr>
<tr>
<td>Ribbon gauze</td>
<td><img src="image" alt="Ribbon gauze" /></td>
</tr>
</tbody>
</table>

Benchmark finding:
- Shown that KPJ Pahang is the first hospital using string Lahey swab for Laparoscopic surgery.
### Laparoscopic Surgery Time After Implementation (Jan – Jun 2016)

<table>
<thead>
<tr>
<th>No</th>
<th>ID</th>
<th>Age</th>
<th>Start</th>
<th>End</th>
<th>Time Difference (Minute)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>247240</td>
<td>24</td>
<td>0130PM</td>
<td>0205PM</td>
<td>60</td>
</tr>
<tr>
<td>2</td>
<td>242749</td>
<td>36</td>
<td>1245 PM</td>
<td>0205PM</td>
<td>65</td>
</tr>
<tr>
<td>3</td>
<td>245711</td>
<td>43</td>
<td>1040AM</td>
<td>1120AM</td>
<td>80</td>
</tr>
<tr>
<td>4</td>
<td>192910</td>
<td>40</td>
<td>0420PM</td>
<td>0505PM</td>
<td>85</td>
</tr>
<tr>
<td>5</td>
<td>153011</td>
<td>40</td>
<td>0135PM</td>
<td>0235PM</td>
<td>90</td>
</tr>
<tr>
<td>6</td>
<td>246826</td>
<td>14</td>
<td>0340PM</td>
<td>0435PM</td>
<td>95</td>
</tr>
</tbody>
</table>

**Total Time Difference:** 475 Minute

### Line Graph Time Difference for Laparoscopic Surgery

The line graph shows the time difference for each patient, with an average time of 79 minutes.
GOAL SETTING COMPARISON (BEFORE VS AFTER)

ACHIEVED

49.8%

BEFORE   TARGET   AFTER

157.5 minute   79 minute
RESULT AND IMPACT OF THE PROJECT

7. Explain how the project has contributed to the organisation and has helped to impact its strategic or operational performance.
8. Explain how the results of the project have created spin-off for other opportunities and/or display continual improvement.
9. Identify the opportunity or prospect of the project to be commercialized and/or recognised.
10. The impacts and value creation of the project to the environment and stakeholders
### IMPACT OF THE PROJECT

**1 DEPARTMENT/SERVICES**

#### BEFORE

<table>
<thead>
<tr>
<th>MONTH</th>
<th>TOTAL OF CASES 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>JULY</td>
<td>176</td>
</tr>
<tr>
<td>AUG</td>
<td>178</td>
</tr>
<tr>
<td>SEPT</td>
<td>173</td>
</tr>
<tr>
<td>OCT</td>
<td>156</td>
</tr>
<tr>
<td>NOV</td>
<td>145</td>
</tr>
<tr>
<td>DEC</td>
<td>161</td>
</tr>
</tbody>
</table>

**TOTAL : 989 CASES**

#### AFTER

<table>
<thead>
<tr>
<th>MONTH</th>
<th>TOTAL OF CASES 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>JAN</td>
<td>167</td>
</tr>
<tr>
<td>FEB</td>
<td>133</td>
</tr>
<tr>
<td>MAC</td>
<td>191</td>
</tr>
<tr>
<td>APRIL</td>
<td>163</td>
</tr>
<tr>
<td>MEI</td>
<td>139</td>
</tr>
<tr>
<td>JUN</td>
<td>166</td>
</tr>
</tbody>
</table>

**TOTAL : 959 CASES**

**PROCEDURE AFTER OFFICE HOUR JULY-DEC 2015**

**PROCEDURE AFTER OFFICE HOUR JAN-JUN 2016**

**TOTAL SAVING** 3.03%
### Operation Theatre Utilization

#### Before

<table>
<thead>
<tr>
<th>MONTH</th>
<th>TOTAL OF CASES 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>JULY</td>
<td>51</td>
</tr>
<tr>
<td>AUG</td>
<td>47</td>
</tr>
<tr>
<td>SEPT</td>
<td>61</td>
</tr>
<tr>
<td>OCT</td>
<td>44</td>
</tr>
<tr>
<td>NOV</td>
<td>35</td>
</tr>
<tr>
<td>DEC</td>
<td>42</td>
</tr>
<tr>
<td><strong>TOTAL</strong>: 280 CASES</td>
<td></td>
</tr>
</tbody>
</table>

#### After

<table>
<thead>
<tr>
<th>MONTH</th>
<th>TOTAL OF CASES 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>JAN</td>
<td>49</td>
</tr>
<tr>
<td>FEB</td>
<td>55</td>
</tr>
<tr>
<td>MAC</td>
<td>48</td>
</tr>
<tr>
<td>APRIL</td>
<td>44</td>
</tr>
<tr>
<td>MAY</td>
<td>53</td>
</tr>
<tr>
<td>JUN</td>
<td>35</td>
</tr>
<tr>
<td><strong>TOTAL</strong>: 284 CASES</td>
<td></td>
</tr>
</tbody>
</table>

#### Increase

- **Increase by 1.4%**
- **RM 48K**
IMPACT OF THE PROJECT

S 3.7

3 DEPARTMENT/ SERVICES

TIME SAVING

BEFORE

AVERAGE LAPAROSCOPIC SURGERY

157.5 minute

ACHIEVING

49.8 %

AFTER

AVERAGE LAPAROSCOPIC SURGERY

79 minute
**ORGANIZATION**

**GENERATE INCOME FOR HOSPITAL**

**MATERIAL AND COST INCURRED**

<table>
<thead>
<tr>
<th>ITEMS PURCHASE COSTS PER UNIT</th>
<th>EQUIPMENT</th>
<th>PRICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>LAHEY SWAB (10 pcs)</td>
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<td>RM 9.00</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>RM 10.00</strong></td>
</tr>
</tbody>
</table>

**PRICE SELL TO PATIENTS**

<table>
<thead>
<tr>
<th>ITEMS PURCHASE COSTS PER UNIT</th>
<th>EQUIPMENT</th>
<th>PRICE</th>
</tr>
</thead>
<tbody>
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</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>RM 40.00</strong></td>
</tr>
</tbody>
</table>

SELL PRICE – NETT PRICE = PROFIT
RM 40.00 – RM 10.00 = RM 30.00 per patient
5 cases/ day average = 5 x RM30 = RM 150.00
NETT PROFIT PER DAY
RM 150.00 x 30 days = RM 4,500 per month
RM 4,500 x 12 months/year = RM 54,000

RM 54,000
CONTRIBUTION TO THE PATIENT

OPERATION THEATRE UTILIZATION

<table>
<thead>
<tr>
<th>BEFORE</th>
<th>AFTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>PER CASE</td>
<td>PER CASE</td>
</tr>
<tr>
<td>2 ½ HOUR x RM 690</td>
<td>1 ½  HOUR x RM 490</td>
</tr>
</tbody>
</table>

COST SAVING TO PATIENT FROM SHORTENED TIME OF SURGERY

Major surgery
1st 1 hour RM 390
Subsequent ½ hour RM100

IMPACT OF THE PROJECT

CLIENT

SHORT SURGICAL PROCESS

S 3.7
Zero case retain swab/foreign body

Using Lahey swab with handle and secured by silk tie can prevent Lahey swab dislodge from handle.
Impact of ICC to group members

- Improvement of team members in creativity, Teamwork and time management in completing the Project
Bleeding does occur following extractions. To protect the blood clot, maintain firm pressure by biting on the gauze that has been placed over surgical area.

**Features**
- A piece of lahey swab park in the molar extracted teeth
- Use as pressure to stop bleeding

**Significance**
- Molar tooth after tooth pulled will feel uncomfortable when using a large cotton. Lahey swab is the best size for molar tooth. Patient will feel more comfortable.
SPIN Off – BROOCH/ACCESSORIES

FLOWER

LAHEY SWAB

FLOWER BROOCH

SUTURE AND TIE WITH A PIN

FLOWER BROOCH
APPLICATION FOR MyIPO

MY IPO KUANTAN
A21-GF, 1st & 2nd, Block A, Kuantan Perdana
Commercial Centre, Jalan Tun Ismail 1,
25000 Kuantan, Pahang Darul Makmur
COMMERCIALIZE OPPORTUNITY

INSAN BAKTI SDN. BHD.
A company with a team of professional personnel with 18 years of experience in the healthcare industry in Malaysia with exclusive partnerships with various leading brands providing essential equipment to our customers in the areas of Intensive Care, Anesthesia, Surgery, Emergency, Neonatal, Obgyn, Cardiology, Gastroenterology and Homecare.

Participating In Upgrading The Lahey Swab

Congratulation towards you effort in innovation project for lahey string.

For your information, we are highly interested to participating in upgrading the lahey swab with string.

Thus, I would like to request your assistant and advice regarding the lahey string since you are successfully implemented this technique on your side. It is in this respect that we would like to extend our interest in forming a partnership in your innovation product to commercialize it to other hospital. We believe that this new product can well compliment in further promotion of better market penetration to improve total customer satisfaction.
This lahey string is one of important equipment in surgery whereby this product will shorten duration of surgery and for patient safety and save cost.
Thus, I would like to request for assistance and advice regarding the Lahey Swab with String since you have been successfully implemented it.

In this respect, I would like to extend my interest towards your innovation product to implemented in our Operation Theatre.
Clinical waste **LAHEY SWAB** is disposed of in the yellow bins and disposal is on schedule **FOR SAFE ENVIRONMENT and REDUCE COST FOR DISPOSAL**

Clinical waste is disposed of in the yellow bins and disposal is on schedule waste (SW 404)
This was achieved on the back of the charge, pursuant to Malaysian Financial Reporting Standards 2 ("MFRS 2") on the Employee Share Option Scheme ("ESOS") and Restricted Issue to Medical Consultants ("RIHC") which amounted to RM46.2 million. The Group’s core net profit before the MFRS 2 charge was RM191.3 million, an increase of 30 percent year-on-year.
Its use can help control costs, reduce risk, and improve outcomes. It also cites many benefits to staff members including improved collaboration and decreased stress.
11. Describe the final solution(s) / improvement action(s) and explain how the team validated the final solution(s)/improvement action(s)
Company recognition

En. Muhammad Badri Hussin
Chief Executive Officer

CERTIFICATE OF ACHIEVEMENT

CONGRATULATION TO

ACE GROUP

For the project LAHEY STRING

BRILLIANT IDEA AND IMPROVE PATIENT SAFETY

Muhammad Badri Hussin
Chief Executive Officer (CEO)
KPU Pahang Specialist Hospital
Lahey string using during laparoscopic surgery, really assist me during dissection. Save time and easy to insert through laparoscopy trocar.

Dr Huzaimi Yaakob
General Surgeon

Good innovation, especially for PATIENT SAFETY, swab count and easy to maneuver.

Syarifah Azura Saiyed Abdul Karim
Deputy Chief Nursing Officer
APRAISAL FROM MEDICAL DIRECTOR

DATO DR. NGUN KOK WENG
MEDICAL DIRECTOR
KPJ PAHANG

3rd JUNE 2016

ACE TEAM
KPJ Pahang Specialist Hospital Sdn Bhd

Dear ACE GROUP,

CONGRATULATIONS TO ACE GROUP ON INNOVATION "BREAK THROUGH"!

On behalf of the board management of KPJ Pahang for your good innovation to improve patient safety, I would like to take this opportunity to commend your team for its achievement.

It is my hope that your team will continue to maintain the culture of innovation creative ways of doing new things and achieve "break through" in your future ECC Project and thus inspire other KPJ Hospital in the group to maintain a culture of continuous improvement.

Again I would like to say "WELL DONE" to your team for significant contributions and keep up the good work and may all your efforts be blessed by Allah’s curse.

It will be informed and thank you.

Yours sincerely,

Dato Dr. Ngun Kok Weng
Medical Director
KPJ Pahang Specialist Hospital Sdn Bhd.
Puchong

KPJ Pahang
From Operation Theatre Staff

From the survey
97% - Agree Lahey String Ang Count Board is useful and effective
In light of the challenges expected in 2016, KPJ will focus on strengthening its innovative capabilities to continue on its journey in becoming Malaysia’s Leading Healthcare Provider.
Validation

S 4.11

1

External Recognition from myIPO
External Recognition from vendor (Insan Bakti Sdn Bhd)

Participating In Upgrading The Lahey Swab

Congratulation towards you effort in innovation project for lahey string.

For your information, we are highly interested to participating in upgrading the lahey swab with string.

Thus, I would like to request your assistant and advice regarding the lahey string since you are successfully implemented this technique on your side. It is in this respect that we would like to extend our interest in forming a partnership in your innovation product to commercialize it to other hospitals. We believe that this new product can well compliment in further promotion of better market penetration to improve total customer satisfaction.

Any sort of info like quotations, specs or any document that you think I should know for lahey string, might be very helpful. Should you be interested in this cooperation or have any question in this regards please feel free to give us a call. Abby Hong (014-6651322)

Thank you in advance for your kind assistance.

Yours faithfully,

Abby Hong
Sales Executive
3 Visitors

ZURICH INSURANCE
DATE: 11 OCTOBER 2016

KUANTAN MEDICAL CENTRE
DATE: 9 SEPTEMBER 2016
3rd PRIZE

3rd KPJ REGIONAL SUGGESTION SCHEMES (CENTRAL SOUTH)

Certificate of Participation

This is to certify that

ACE TEAM
(KPJ PUCHONG SPECIALIST HOSPITAL)

has awarded as

3rd Prize
(SUGGESTION SCHEMES)

3rd KPJ REGIONAL SUGGESTION SCHEMES &
QE/5S CONVENTION
(CENTRAL SOUTH)

held on

27th May 2016
at Palm Seremban Hotel

MAISARAH OMAR
Chief Executive Officer

S 4.11
18TH KPJ QUALITY CONVENTION 2016

1ST RUNNER UP

S 4.11
3. MPC CONVENTION TEAM EXCELLENCE WILAYAH PANTAI TIMUR 2016
Hotel Perdana, Kelantan
24 August 2016

ANUGERAH EMAS
RESULT AND SUSTAINABILITY

12. Describe the procedure, system, or other changes that were made to implement the solution(s) / improvement action(s) and to sustain the results.
MONITORING & STANDARDIZATION

DATA MONITORING TIME FOR LAPAROSCOPIC SURGERY BEFORE VS AFTER IMPLEMENTATION

<table>
<thead>
<tr>
<th>TIME (Minutes)</th>
<th>CASES 1</th>
<th>CASES 2</th>
<th>CASES 3</th>
<th>CASES 4</th>
<th>CASES 5</th>
<th>CASES 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEFORE</td>
<td>205</td>
<td>180</td>
<td>120</td>
<td>120</td>
<td>180</td>
<td>140</td>
</tr>
</tbody>
</table>

Improvement successfully

Target 90 minute

S 5.12
DISCUSSION IN MONITORING DATA IN MONTHLY MEETING

MEETING HEAD OF SERVICES
DATE: 23 August 2016
Work Instruction in ISO Documentation
“Management of instruments and swabs count”

The instrument Nurse needs to count again
Before closing of cavity and skin closure to ensure
None of instrument, lahey swab, abdominal pack and
Gauze left in the cavity.
Information shared among staff regarding this project
RESULT SHARING IN FUTURE
13. Describe how lesson learned were identified and addressed.
14. Describe how the results were shared with stakeholders.
15. Well organized presentation with logical sequence that conforms to stipulated time.
16. Clear presentation, effective usage of visual aids and good public speaking.
<table>
<thead>
<tr>
<th>Challenge</th>
<th>Causes</th>
<th>Way forward</th>
<th>ATTENTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty in conduct the ICC project</td>
<td>Lack of knowledge regarding ICC</td>
<td>Conducted QC story and QC tool training</td>
<td>• Operating room staff</td>
</tr>
<tr>
<td>Short duration of time to complete the whole project</td>
<td>Work load with the routine job</td>
<td>Conduct session after office hour</td>
<td>• Quality staff</td>
</tr>
<tr>
<td>Difficult to design new innovation</td>
<td>Lack of knowledge Process design</td>
<td>Get assistant from staff in other department</td>
<td>• Operating room staff</td>
</tr>
<tr>
<td>Compilation of data and analysis</td>
<td>Data availability Source of data</td>
<td>Divided the task accordingly</td>
<td>• Operating room staff</td>
</tr>
<tr>
<td>Preparation of slide, report and video is lack</td>
<td>Lack of IT expertise</td>
<td>Get assistant from staff in IT unit</td>
<td>• Quality staff</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Operating room staff</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• IT staff</td>
</tr>
</tbody>
</table>
Impact of ICC to group members

- Improvement of team members in creativity, Teamwork and time management in completing the Project
# Capability Development:

<table>
<thead>
<tr>
<th>Components</th>
<th>Action plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICC Knowledge</td>
<td>1. Attend ICC training</td>
</tr>
<tr>
<td></td>
<td>2. Discussion with facilitator, advisor and experienced people</td>
</tr>
<tr>
<td>Communication</td>
<td>1. Conduct meeting to set target and plan the project to ensure good progress</td>
</tr>
<tr>
<td>Time Management</td>
<td>1. Team led by team leader</td>
</tr>
<tr>
<td></td>
<td>2. Ensure team members clear with the job scope</td>
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<td>3. Monitor progress</td>
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<td>4. Motivate each other</td>
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<tr>
<td>Leadership</td>
<td>1. Discuss all items by looking outside the box and try to be creative in resolving problems</td>
</tr>
<tr>
<td>Teamwork</td>
<td></td>
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<tr>
<td>Creativity</td>
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</tbody>
</table>
RESULT SHARING

1 Board of Directors
RESULT SHARING

2 Presentation to staff
Quality Care is central to KPJ Services
Patient Safety And Satisfaction
4 Sharing among KPJ group
RESULT SHARING

5 Conference programme 26th – 28th September 2016
Suntec Singapore Convention and Exhibition Centre

Certificate of Attendance
Knowledge gathering from various healthcare provider mainly focused for patient safety
THANK YOU!

FROM US “ACE” KPJ PAHANG SPECIALIST HOSPITAL